



AB 300 Seismic Safety Inventory Update

Note: Use this form to update information regarding non-wood frame buildings on the AB 300 Inventory.

- To indicate buildings have been demolished or are no longer owned by the District, you may fill out Sections A and B, **or** you may make note directly on your inventory report, and return it to DSA.
- To add buildings that were not noted on the original AB 300 Inventory Report, use this form and provide as much information as possible.
- To report corrections to entries for your district on the report, you may use this form **or** you may make corrections directly on your AB 300 Inventory Report

Return the form and/or corrected inventory reports to DSA Headquarters
1102 Q Street, Suite 5100
Sacramento, CA 95811

A.	Original Construction School District Name <input type="text"/>
	Current School Campus Name <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/>
	File Id.No. (Fileid) Appl. No. (appid) Date (AppDate)
Building Information <input type="text"/> <input type="text"/> <input type="text"/>	
*For an explanation of Structural System Codes see Appendix B of the AB300 Report at http://www.documents.dgs.ca.gov/Legi/Publications/2002Reports/FinalAB300Report.pdf	
<div>Structural System Code* (StructSys) Stories (NoStories) Square Feet (SqFt)</div> <div>(buildingid) Use</div>	
B.	The building described above has been <input type="checkbox"/> demolished <input type="checkbox"/> sold <input type="checkbox"/> is still in use
C.	If the building is still in use for school purposes: Has a Structural Engineer reviewed the building? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.	If Yes, Structural Engineer who performed the seismic review Name <input type="text"/> Phone <input type="text"/> Firm <input type="text"/> License # <input type="text"/>
E.	Have there been seismic or other upgrades done to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe the upgrades <input type="text"/>
F.	Signed _____ District Representative Signature Date Title Print Name: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <u>CA</u> Zip: <input type="text"/> Phone: <input type="text"/> E-mail: <input type="text"/>